

Kansas Health Insurance Assistance Program Budget Form

Kansas Department of Health and Environment, KHIC Program

1000 SW Jackson, Suite 210

Topeka, KS 66612-12

Fax: (785) 291-3420

TEMPLATE

| MONTHLY EXPENSES / INCOME | | | | | | Insurance Pays | | Client Cost | | Cost To Title II | |
|--|---------------------|----------|---------------------|-----------|-----------------|-----------------|---------------|-------------|-----------------|------------------|--|
| Prescription Costs: (List all medications client is currently taking for a 30-day supply) Example: Crixivan, 400 mg (180) \$432.00 | | | | | | | | | | | |
| TID | Viramune, 200 mg | | | 100% | \$ | 25.00 | \$ | 311.54 | | | |
| BID | Epivir, 150 mg | | | 100% | \$ | 25.00 | \$ | 273.06 | | | |
| BID | Zerit, 40 mg | | | 100% | \$ | 25.00 | \$ | 301.40 | | | |
| daily | Paxil, 40 mg | | | 100% | \$ | 25.00 | \$ | - | | | |
| daily | Celexa, 40 mg | | | 100% | \$ | 25.00 | \$ | - | | | |
| PRN | Amoxicillin, 500 mg | | | 100% | \$ | 10.00 | \$ | - | | | |
| MWF | Bactrim DS | | | 100% | \$ | 10.00 | \$ | 145.33 | | | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| Total M.C: | | | | \$ | 7.00 | \$ | 145.00 | \$ | 1,031.33 | | |
| Primary Care (including lab) Costs: (Indicate the frequency client is seen by physician) | | | | | | | | | | | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| Doctor Visit (4 x a year) | | | | 100% | \$ | 15.00 | \$ | - | | | |
| Lab (4 x a year) | | | | 100% | \$ | 15.00 | \$ | - | | | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| | | | | | \$ | - | \$ | - | \$ | - | |
| Total P.C: | | | | \$ | 2.00 | \$ | 30.00 | \$ | - | | |
| Other Costs: (These would be housing, food, medical not covered by insurance, etc.) | | | | | | | | | | | |
| Mortgage | \$ | 500.00 | Car Payment | | \$ | 250.00 | | | | | |
| Phone | \$ | 35.00 | Entertainment | | \$ | 50.00 | | | | | |
| Water / Trash | \$ | 12.00 | Other (Explain Out) | | \$ | 200.00 | | | | | |
| Gas (House) | \$ | 20.00 | Gas (Car) | | \$ | 40.00 | | | | | |
| Electricity | \$ | 60.00 | | | \$ | - | | | | | |
| Cable | \$ | 30.00 | | | \$ | - | | | | | |
| Groceries | \$ | 60.00 | Total O.C: | | \$ | 1,257.00 | | | | | |
| Income: (Include all sources, such as disability, retirement, employment, etc. AND attach copies of proof) | | | | | | | | | | | |
| Employment | \$ | 1,600.00 | | \$ | - | | | | | | |
| | \$ | - | | \$ | - | | | | | | |
| | \$ | - | | \$ | - | | | | | | |
| | \$ | - | | \$ | - | | | | | | |
| | \$ | - | | \$ | - | | | | | | |
| | \$ | - | Total I: | \$ | 1,600.00 | | | | | | |
| Total Expenses: | | | | | | | | | | | |
| (Add up all totals within the Medication and Primary Care Cost Columns) | | | | \$ | 175.00 | \$ | 1,031.33 | | | | |
| Total Income: | | | | | | | | | | | |
| (Add up all totals within the Inome and Other Expenses) | | | | \$ | 343.00 | | | | | | |
| Case Managers Evaluation and Comments: (Must be completed) | | | | | | | | | | | |
| The client would have \$168/month left over in income after paying for services not paid by insurance. Without insurance, the total cost to the Title II program would be \$1,031.33 in medications alone. By assisting the client with co-pays on formulary medcations, the client would still be responsible for almost 50% of co-pays and still save the Title II program \$946.33/month. | | | | | | | | | | | |